

Developmental Services Case Management Billing

Introduction

- Why is this change happening?
- What are the changes?
- Implications for OACPD (Guardianship/Rep. Payee)
- Implications to the State of Maine
- Implementation

Topics of Discussion

- Covered Services
- What should a note consist of?
- Billing
- Questions, Concerns, and Answers
- Tips on Time management
- EIS entry of Note

Community Case Management

- It is important to note that the guidance given today in regards to a what is a billable services from Developmental Services is only guidance. As a MaineCare provider under Section I and Section 13 it is your interpretation of the rules and direction from the Office of MaineCare Services that should lead to a determination of what is allowable.

Covered Services

- 1. Assessment and periodic reassessment of an eligible individual to determine service needs, including activities that focus on needs identification, to determine the need for any medical, educational, social, or other services. Assessment should be comprehensive and address all needs of the individual, including an individual's strengths and preferences, and consider the individual's physical and social environment. CMS is not putting forth Federal standards for the frequency of reassessment, but they should be conducted at least annually.

Covered Services (cont.)

- **Assessment activities include: Taking client history; Identifying the needs of the individual and completing related documentation; Gathering information from other sources such as family members, medical providers, social workers and educators, if necessary, to form a complete assessment of the eligible individual.**

What Does this Mean?

- Eligibility processes are billable. (All done by Developmental Services)
- Assessments as it relates to the preparation of the PCP or connecting people to other assessments are billable.
- Documentation such as the V-6 of the persons services and needs is billable.
- BMS 99 and other assessments connecting to services is billable.

Covered Services (cont.)

- 2. Development and periodic revision of a specific care plan based on the information collected through an assessment or reassessment, that specifies the goals and actions to address the medical, social, educational, and other services needed by the eligible individual, including activities such as ensuring the active participation of the eligible individual and working with the individual and others to develop those goals and identify a course of action to respond to the assessed needs of the eligible individual. The care plan also must be comprehensive to address these needs. An individual may decline to receive services in the care plan to address these needs.

What does this mean?

- Time spent in pre-planning is billable.
- The time spent at a PCP is billable.
- The time preparing the document is billable if the case manager is preparing the document.
- Updates and addendums to the plan are billable if done by the case manager.

Covered Services (cont.)

- 3. Referral and related activities (such as scheduling appointments) to help an individual obtain needed services, including activities that help link eligible individuals with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan. **Transportation, escort and child care services are not included in referral and related activities.**

Covered Services (cont.)

- 4. Monitoring and follow-up activities include activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the eligible individual. These activities may be with the individual, family members, providers, or other entities or individuals. Monitoring should occur no less frequently than annually. These activities may be conducted in person or over the phone as frequently as necessary to help determine whether: The services are being furnished in accordance with the individual's care plan; The services in the care plan are adequate to meet the needs of the individual; There are changes in the needs or status of the individual. If there are changes in the needs or status of the individual, monitoring and follow-up activities include making necessary adjustments in the care plan and services

Content and Time Frames of a Billable Note

- Entries are required for each case management service provided that is being billed for and must include:
 - 1. The name, title, and signature of the service provider;
 - 2. At a minimum, one (1) entry must be made in the member's record for each individual contact of case management services provided.

Minimum content for action notes (Case Management Policy)

- Link to plan when relevant
- Place of contact
Residence, vocational, etc.
- Type of contact (and who was present)
Face-to face, telephone, collateral, etc.
- Observation
Issue(s) events surrounding quality of life areas, changes in medical and dental condition, etc.
- Action
Action(s) that have taken place or take place in the contact
- Follow-Up
Action(s) that need to take place
- Signature and date (are automatic in EIS)

Billing Time

- All contacts will be billed on a weekly basis.
- A week is from Sunday to Saturday. (If you see someone on Friday and perform a function that is billable and also see the person on the following Monday you can bill for both occurrences. You can not within the same week.
- There will be a time period yet to be determined in order to place a note in the record that is billable.

Frequently Asked Questions

- Question: What is the definition we are using for “targeted case management”? How does this change what we do and how we do it?

Answer: Case Management Services are those covered services provided by a social services or health professional, or other qualified staff, to identify the medical, social, educational and other needs (including housing and transportation) of the eligible member, identify the services necessary to meet those needs, and facilitate access to those services. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation. **There is little change in the case management we do with this definition. Developmental Services has stuck closely to the Federal Definition all along. Adult Protection and Rep. Payee are the two areas we continue to need to be careful with.**

- Question: Is it certain that short phone calls can be entered as billable.

Answer: Yes if it meets the requirements of a covered service.

Frequently Asked Questions (cont.)

Question: Is rep. payee functions and guardianship functions billable

Answer: The actual paperwork functions and some services functions of these two services are not billable. There are functions within both of these services that are case management functions and can be billed.

■ **Question:** Is the time preparing notices, etc. for special meetings or annual meetings billable? How about the time spent compiling response sheets?

Answer: Yes- this is work developing the plan of care as related in the regulations. (Covered Services #2)

Frequently Asked Questions (cont.)

- **Question:** Is the time spent completing on-line assessments billable? (ex: V-6, psychosocial, BMS 99, etc.)

Answer: Yes

- **Question:** What exactly does "tied to the plan" mean? If I can rationalize that something is health or safety, does that meet the standard for billable?

Answer: Tied to the plan means work done that is related to services or supports that are identified in the plan care in covered services.

Frequently Asked Questions (cont.)

- **Question:** Is e-mail billable?

Answer: The issue is not related to the mode of communication but whether the communication is related to a covered service.

- **Question:** Can a CM bill for a consumer during a program visit if it is during the consumer's community support time or is that "double dipping"?

Answer: Yes they can bill. This is not "double dipping" as they are two different section and services of Mainecare.

Frequently Asked Questions (cont.)

- **Question:** Attending doctor's appointments or counseling session with a consumer?

Answer: Not just attending. If you are attending in order to assist the individual with a service identified in the plan then the answer would be yes. If you are attending only to get the person to the appointment it is not a billable service.

- **Question:** Can a CM observe a consumer at the work place or in the community during program and bill on that (for example going to a job site to see how the consumer is doing, how they are interacting with others etc)?

Answer: Yes

Frequently Asked Questions (cont.)

- **Question:** Will time spent searching for information for a family (either on the internet or on the phone) about something related to disability-

Answer: Yes, as related to services identified in the plan.

Frequently Asked Questions (cont.)

- **Question:** Consumer wanted to change to a different physician. CM called EMMC physician referral line, got list of physicians & contact information in the area, and sent to consumer so they could call and find out who could take on consumer as a new patient.

Answer: Yes

- **Question:** Parent wanted to send child to summer camp so the child would have something meaningful to do in the summer and have the chance to socialize with typically developing peers. CM found information on some summer camps in the area and sent the info to the parent.

Answer: Yes

Frequently Asked Questions (cont.)

- **Question:** If case managers are required to maintain an extensive case file under the CMS regulations, are filing and reviewing the file for completeness billable?

Answer: No

Frequently Asked Question

- Question- If I see a person late Friday do I need to have the note in before the end of the week (Saturday)?
- Answer- No. There will be a set time period to allow for case managers to be able to get notes into the record and for billing to occur. This time period has not been determined yet.

Frequently Asked Questions (cont.)

- **Question:** What forms, documents that a case manager has to fill out will be billable? (assume consumer/family are not present)

Answer: Some examples are:

- Applications, Justifications for Section /29/21
Yes
- Faxing medical documents/information to providers or DHHS-
Yes
- Flex Fund and Discretionary Fund Requests
Yes
- Psychosocial (both children and adults)
Yes
- Applications to Maine parent federation or Autism society of Maine
Yes
- Reportable events (both children's and adults)
Yes
- Quality of life assessment
No

Time Management Tips

Weekly billing will require a major change in management of time. Notes will need to be done on a “regular” basis. We highly suggest that case managers work with their Supervisors and co-workers to explore how this can be accomplished and what time management tools might work.